Robert L. DuPont, MD

Answer to Question Below

Many opioid-dependent patients enter substance abue tretment programs that do not iinclude buprenorphine, methadone or naltrexone in their programs. Some of these patients do well and others do not. Two distinguished abstinence-oriented treatment programs with which I am familiar now include medications as an option: Hazelden in Center City Minnesota and Kolmac in the Washington DC area. Hazelden offers both buprnorophine and naltrexone while Komlmac offers only buprenorpine. Both rograms have found that some opioid patients chose medication while other do not and both have found that offering medication is useful in increasing retention intreatment of opioid dependent patients.

There is much to be said for encouraging both medication-assisted treatnemt and drug-free treatments to publicly report their retention rates and their rates fo of continued alcohol and drug use during treatment. And for both types of treatment to identify their rates of achieving 5-year recovery of patients entering their treatments. Pending these neessary assessements it would be unreasonable to insist that all drug-free treatments offer medications to their opioid patients. Beyond this I note that few MAT programs offer their patients the full range of medication options: buprenorphine, methadone and naltrexone. Treatment diversity is important. What is needed now is more data on the effectivenss of alternative treatments for opioid dependence, esecially in terms of their achieving 5-Year Recoery. Even without additional data it is clear that patient dropout, drug use during treatment and relapse on discharge from treatment are major problems with all current opioid treatments, whether they offer mediations or do not offer them.

The Honorable Larry Bucshon

1. What are the implications of most opioid-dependent patients not getting medication in their treatment programs?